

JUN-10-2005 12:48




CT CORPORATION CLEVELAND

216 621 4059 P.02/02

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 12 AM 9:01

DOCUMENT # L03000025257			
1. Entity Name VALUATION CONCEPTS LLC			
Principal Place of Business 6070 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124		Mailing Address 6070 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124	
2. Principal Place of Business 6065 Parkland Blvd.		3. Mailing Address 6065 Parkland Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Mayfield Hts., OHIO		City & State Mayfield Hts., OHIO	
Zip 44124		Zip 44124	
Country USA		Country USA	
4. FEI Number 02-074328		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  JOYCE A. GILBERT Assistant Secretary DATE 6-10-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WORLDWIDE OUTSOURCED SOLUTIONS, LLC <input checked="" type="checkbox"/> Delete 6070 PARKLAND BLVD. MAYFIELD HEIGHTS, OH 44124	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 04-05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Worldwide Outsourced Solutions, LLC <input type="checkbox"/> Delete 6065 Parkland Blvd. Mayfield Hts., OHIO 44124	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400057766344 07/21/05--01078--004 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  Sec. of MGRM		Date 6-9-05 440-995-6070	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	